| Application or Docket Number  |  |  |  |   |                  |                   |                     |  |                        |                |            | pêr Pêr  |     |
|---|--|--|--|---|------------------|-------------------|---------------------|--|------------------------|----------------|------------|--|-----|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003   |  |  |  |   |                  |                   |                     | 10702094                                   |                        |                |            |  |     |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |  |   |                  |                   | SMALI               | MALL ENTITY OTHER THAN YPE OR SMALL ENTITY |                        |                |            |  |     |
| TOTAL CLAIMS  |  |  | 157  |   | ·                |                   | RAT                 | E  | FEE                    | ]              | RATE       | FEE  |     |
| FOR   |  |  | MUMBER FILED   | MAKE                                      | NUMBER EXTRA     |                   | BASIC               | FEE  | 385.00                 | OR             | BASIC FEE  | 770.00   | ł   |
| TOTAL CHARGEABLE CLAIMS   |  |  | /C7minus 20:   |   | 137              |                   | XS 9                | <b>b</b>                                   |                        | OR             | X\$18=     | 2116   |     |
| INDEPENDENT CLAIMS  |  |  | 2 Numinus 3  |   | 24               |                   | X43                 | T T  |                        | OR             | X86=       | 1006   |     |
| -   |  | DENT CLAIM P                               | RESENT   |   |                  |                   | +14                 | 5=   |                        | OR             | +290=      | 0007   |     |
| • 17 17   | ne difference i                                | in column 1 is                             | TOT  | AL  |                  | OR                | TOTAL               | 5042                                       | Ŧ                      |                |            |  |     |
| OR TOTAL OF |  |  |  |   |                  |                   |                     |  |                        |                |            |  |     |
| F   | /5/22  | (Column 1) CLAIMS REMAINING AFTER          | M<br>M<br>PRE  | ILITIO 2)<br>GHESY<br>LIMBER<br>VIOUSLY   | PRESENT<br>EXTRA | <b>ו</b>          | RA                  | rΕ   | ADDI-<br>TIONAL<br>FEE |                | RATE       | ADDI-<br>TIONAL<br>FEE   |     |
| AMENDMENT   | Total  | . 22                                       | Minus -  | 15T)                                      | : /              | 1                 | XS                  | 9=   |                        | OR             | X\$18°     |  |     |
|   | Independent                                    | . 7  | Minus  | 24  | • /              | ]                 | X4:                 | 3=   | 1                      | ОЯ             | X86=       | /  |     |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |   |                  | J                 | 119                 | 5*   | 17                     | OR             | +290=      | 1  | ł   |
|   |  |  |  |   |                  |                   | TOTAL OR ADDIT. FEE |  |                        |                |            | 1  |     |
|   | 7 06 (Column 1) (Column 2) (Column 3)          |  |  |   |                  |                   | ADDIT               | PEE  |                        | <b>-</b> .     |            |  |     |
| ITB 1   | 11104  | (Column 1)<br>CLAIMS<br>REMAINING<br>AFTER | PR   | IGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR   | PRESENT<br>EXTRA | 7                 | RA                  | TE   | ADDI<br>TIONA<br>FEE   | -              | RATE       | ADDI-<br>TIONA<br>FEE  |     |
| MENDMENT  | B4#  | - 23                                       | Migrais ••   | 157                                       | 1. 1             | 1                 | xs                  | 9=   |                        | OF             | XS18-      |  | 1   |
| KEN   | Independent                                    | . 6  | Minus  | 24  | <u> -  </u>      | 1                 | X4                  | 3=   |                        | Of             | ×86≠       | $\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$ | ┛   |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |   | - 4              | ٢                 |                     | 150  | T                      | Of             | +290=      | M.   |     |
|   |  |  |  |   |                  |                   | بسا<br>احد:         | -43  |                        |                | ADDIT. FE  |  | 口   |
|   |  | Column 1                                   |  | olume 21                                  | Column           | 3.                |                     | - 6  | T                      |                |            |  |     |
| ر<br>اح   | 5-18-0K  | CLAIMS<br>REMAINING<br>AFTER               | PF   | MGREST<br>NUMBER<br>NEVICUSLY<br>PAID F12 | PRESENT          |                   | s;                  | TE   | ADD<br>TION/<br>FEE    | AL.            | RATE       | TION   | AL. |
| AMENDME   | Total  | 1.23                                       | Minus -  | 157                                       | . >              |                   | XS                  | 9=   |                        | o              | R X\$18:   |  |     |
| S S   | Independent                                    | . 6  | Minus  | 24  | J                |                   | X.                  | .3=  |                        | $\Box$ $\circ$ | R X86=     |  |     |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAS  |  |  |   | <u>u</u>         | _                 | 1.,                 | 45=  |                        | $\neg$         | +290       |  |     |
|   | d the ective of STA                            | gene ; is loss ina:                        | a size estiny at column 2  | A 20 T 6                                  | estern 3         |                   | <u> </u>            | :514                                       |                        | ٦,             |            |  |     |
|   | II me 1-lichesi 10                             | umber Previously                           | Paid For IN THIS SP/<br>Paid For IN THIS SP<br>Paid For (Total or Inde |   | - CC. 4          | ਨ).<br>?<br>ਜ਼ਹਵਾ | ADDI<br>found of    |  |                        |                | AUJUST PI  |  |     |
| 1   | The Hügheti Mu                                 | mber Previously                            | PEO POR (TOLET OF INCE   | Personal or                               |                  |                   | Dy 44 20            | d Tue                                      | ox • yea Citi          |                | DEPARTMENT | OF CCMM  | RCE |
| _   | LOTOLON BALL                                   | 2 2 2                                      |  |   |                  |                   |                     |  |                        | •              |            |  |     |